

<p><b>VOLUNTARY CONTRIBUTION</b>  <b>TELECOMMUNICATION WORKERS PENSION PLAN</b>  <b>DESIGNATION OF BENEFICIARY / OR CHANGE</b></p>
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**#303 – 4603 Kingsway, Burnaby, BC V5H 4M4**

MEMBER NAME: \_\_\_\_\_ SIN: \_\_\_\_\_  
 (Please Print) (Surname)

GIVEN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 (In Full)

PREVIOUS NAME: \_\_\_\_\_  
 (If Applicable)

ADDRESS: \_\_\_\_\_

CITY/PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

<b>DATE OF BIRTH:</b>	MONTH	DAY	YEAR	<b>SEX:</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>MARITAL STATUS:</b>
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NAME OF BENEFICIARY(S) – Please Print			
SURNAME	GIVEN NAMES	DATE OF BIRTH MONTH / DAY / YR	RELATIONSHIP TO MEMBER
ADDRESS:		CITY/PROV:	POSTAL CODE:
SURNAME	GIVEN NAMES	DATE OF BIRTH MONTH / DAY / YR	RELATIONSHIP TO MEMBER
ADDRESS:		CITY/PROV:	POSTAL CODE:
SURNAME	GIVEN NAMES	DATE OF BIRTH MONTH / DAY / YR	RELATIONSHIP TO MEMBER
ADDRESS:		CITY/PROV:	POSTAL CODE:

DATE \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_

**RETURN ORIGINAL TO: TW PENSION PLAN**  
**303 – 4603 KINGSWAY BURNABY BC V5H 4M4**

PHONE: 604-430-1317